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A STUDY TO IMPROVE THE
VOLUNTEER SERVICES PROGRAM AT
US ARMY MEDICAL TREATMENT FACILITIES

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A Problem Solving Project
Submitted to the Faculty of
Baylor University
In Partial Fulfillment of the
Requirements for the Degree
of
Master of Hospital Administration

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By

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<p>The study investigated how to maximize the military hospital volunteer resource and how to improve the Hospital Volunteer Program standard operating model in U.S. Army Medical Treatment Facilities. Through the use of questionnaires to various volunteer agencies and hospital executive officers, the perceptions and existing program conditions were contrasted to develop a model which would be financially feasible within manpower and budget funds. The questionnaire responses provided information to develop five pre-established standard criteria used for comparison. Program weaknesses identified in the Hospital Volunteer Program included the management of volunteers, the recruitment of volunteers, and the development of job descriptions and job design which fail the existing regulatory limitations and the Joint Commission on the Accreditation of Hospitals. Keywords: Military Medicine, Medical Personnel, Medical Services, Personnel Management, Resource Management, Hospital Administration.</p>			
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I. INTRODUCTION

General

The voluntary efforts of man seeking to help his fellowman has a long history in the United States. In historical terms these efforts can be traced to the Mayflower Compact of 1620, in which forty-one pilgrims pledged to voluntarily work for a just and equal way of contributing to the "common good." Since its inception, this concept of working for the "common good" has been an American way of life and has provided a major contribution to community service.¹

The contributions that volunteers have made to the health care sector have not gone unnoticed by prominent leaders in our society. The previous President of the United States publicly acknowledged the substantial efforts and contributions of volunteers in the health care sector when he stated, "Volunteers can substantially enhance and expand efforts in health."²

In keeping with the theme of this Presidential acknowledgment, as the health care sector is expanding and broadening the scope of services that it offers to the consuming public, voluntary services are also expanding and broadening in scope. The primary goal of volunteers within the health care institution is to provide supplemental services within the institution. Civilian health care institutions or organizations are deeply involved in promulgating and maximizing this invaluable resource by better defining the role of the volunteer,

better recognizing the relative merit of the volunteer in terms of potential contributions to the institution and community, better managing the volunteer, and better improving public relations between the institution and the community.³ Unfortunately, the United States Army Medical Department, through its many hospitals, has not participated in this effort to a degree commensurate with the civilian sector. Instead, volunteer programs in terms of people and services have dwindled considerably in US Army Medical Treatment Facilities during the past decade.⁴

Appearance and Operation of the Present System

The American Red Cross is responsible for assisting the Department of the Army in its programs relating to the health, welfare, recreation, and morale of military personnel and their dependents. The relationship between the two organizations, implemented in Section 2602 of Title 10, United States Code (Chapter 1, Title 36, U.S.C.; 10 U.S.C. 2602), is long-standing and generally recognized by service members. The American Red Cross provides assistance at US Army installations at the request of the Commanding Officer of the post. In fulfilling its charter, the American Red Cross provides substantial assistance to military personnel and members of their families in the military hospital setting. In addition to services such as recreation, financial assistance, information, and social work, the American Red Cross also arranges for its volunteers to provide health care services at US Army Hospitals. These services, which form the basis for a volunteer program, include writing patient letters, shopping for patients, assisting with nursing procedures, providing assistance in the dental clinics, etcetera.

Generally, volunteer services are administered by a staff member or a volunteer member of the American Red Cross.⁵ The extent to which the American Red Cross participates, as established in Army Regulation 930-5, in hospital activities is further defined at the local level in a hospital memorandum or regulation. A typical document is furnished at Appendix A.

During the preceding ten years the ability of the American Red Cross to furnish volunteer services within the hospital has been severely challenged. This challenge, in the form of decreasing numbers of volunteers, decreasing numbers of full-time staff members, and an increasing inability to maintain current and creative volunteer training programs, is manifested in the general perception that the volunteer program is only a public relation device, rather than a hospital resource asset that should be maximized.⁶

Conditions Which Prompted the Study

The decision to pursue the study of volunteer services at US Army Medical Treatment Facilities, with the objective of improving the model for volunteer services at military hospitals, was based on personal interests of the Administrative Resident. This interest was further encouraged by the Commander and Executive Officer, Irwin Army Community Hospital, Fort Riley, Kansas. These officers have both expressed sincere interest in improving and upgrading the American Red Cross Volunteer Program at the hospital.

The limitation of resources, which the military hospital possesses to provide health care services to increasingly greater numbers of eligible beneficiaries, require hospital administrators to review methods and means of increasing the quality and quantity of its services.

The improvement of hospital volunteer programs in the military health care setting is one method that management can employ to achieve this objective.

Statement of the Problem

The problem is to investigate and improve the standard operating model for the Hospital Volunteer Program at United States Army Medical Treatment Facilities.

Research Methodology

The initial research consisted of a review of the literature pertaining to volunteer programs in health care institutions. In addition, interviews with volunteer leaders and volunteer workers, and analyses of existing volunteer programs were conducted by the author.

A written questionnaire attached at Appendix B was used to collect opinions and to define existing conditions at twenty-two US Army Medical Department Activities. A list of twenty-five potential respondents is provided at Appendix C. The collected data was collated and evaluated relative to responsible and responsive volunteer programs in the civilian sector, and it was also evaluated in terms of current policies and practices recommended by authorities in the field.

Objectives

Opinions of military hospital executive officers and determinations of existing conditions relative to volunteer programs in military hospitals were ascertained through a mail questionnaire. The first portion of the questionnaire relates to existing conditions within the hospital, and the second portion of the document relates to the

opinions or perceptions on the part of responsible operating officials. The resulting data is to be compared and contrasted against current, commonly accepted volunteer practices and policies in the civilian health care sector. This contrast should enable the author to determine problems and weaknesses in the Volunteer Services Program. Once program problems and weaknesses have been identified, recommended improvements to the standard operating model for the Volunteer Services Program in US Army Medical Treatment Facilities will be developed with the purpose of improving current practices and policies.

Criteria

A definable profile must arise from the mail questionnaire in order to determine problems and weaknesses in military hospital volunteer programs. A difference between the military health care setting and current practices and policies recommended by respected authors and leaders of volunteer services must be demonstrated; otherwise, the study will not achieve its intent.

Assumptions

The developed model will be financially feasible in terms of manpower and budgeted funds for implementation. The American Red Cross will accept and implement improvements to the model volunteer program once they are developed. At least 70 percent of the potential respondents will complete the mail questionnaire and return it to the author. The developed model will improve volunteer programs in US Army Medical Treatment Facilities.

Limitations

The availability of pertinent literature regarding the use of volunteers in the hospital setting may narrow the scope of the investigation; however, it should not impinge upon the author's ability to identify improvements in the model for volunteer services.

Implementation of the improved model must not be in violation of public law or regulatory policy.

Review of the Literature

Previous studies relating to the improvement of the Volunteer Services Program in US Army Medical Treatment Facilities could not be located. There are, however, numerous periodical articles, pamphlets, and books which have been written with the intent of establishing a means of improving current volunteer services, establishing a hospital volunteer program, or describing innovative methods of recruiting and utilizing volunteers in the hospital setting. The issues set forth in these publications are as pertinent to US Army Hospitals as they are to civilian health care institutions. The American Hospital Association provides guidance relating to the effective organization of a Volunteer Services Program. This guidance focuses on establishing a volunteer program that: (1) possesses purposes and objectives that are in harmony with those of the health care institution in which it is embedded; (2) possesses sufficient authority delegated to a member of the organization to achieve the department's purposes and objectives; (3) possesses specified lines of authority and communication; (4) possesses department functions which are approved according to written policies and procedures; and (5) activities of all volunteers are coordinated

through the department of volunteer services.⁷ Cull and Hardy cite numerous factors that contribute to an efficient and effective Volunteer Services Program in health agencies.⁸ Scheier indicates people responsible for volunteers in the hospital can implement many measures to recruit and retain volunteers.⁹

In summary, a review of the literature revealed numerous articles which can be used to establish the basis for a model Volunteer Services Program. This model, predicated on key system components, can be organized as a standard criteria upon which existing conditions in US Army Treatment Facilities Volunteer Services Programs can be compared. It is important to realize that volunteers are not a free resource to the health care institution. The recruiting, training, and managing of volunteers represents a significant investment cost to the hospital. Therefore, an efficient and effective program is needed to optimally maximize this source of assistance.¹⁰

Problem Solving Methodology

As previously stated, the intent of this paper is to improve the model for the Volunteer Services Program for the US Army Medical Department. Due to current regulatory requirements and public law, it is not considered feasible to disband the present interface between the American Red Cross and the Department of the Army. Thus, in order to correctly identify or recognize program problems and weaknesses, the current system must be modified or otherwise changed in a manner that will lend itself to the creation of an improved model.

The first step in this process is the establishment of standard criteria, against which comparisons can be made for purposes of identifying

current program weaknesses. This standard can be obtained from various authors in the field of volunteer services and also from directors of existing volunteer programs in selected health care institutions. The second step in the process is to ascertain current operating conditions regarding Volunteer Services Programs in US Army Medical Treatment Facilities. This is accomplished through the use of a mail questionnaire sent to twenty-five US Army Medical Treatment Facilities. The questionnaire is divided into two parts. The first portion is directed toward the identification of factual operating conditions as they relate to key components of any volunteer program; for example, supervision, numbers of volunteers, training, recruitment methods, etcetera. These elements of the questionnaire are compared against the preestablished standard criteria developed in the first step of the process. The second portion of the questionnaire involves an attempt to solicit the personal comments and perceptions of the administrative officials, who must directly or indirectly manage volunteer programs within the military hospital setting. These personal comments will be compared with the standard criteria and will be used to identify existing problems in the current system.

The Questionnaire

The mail questionnaire was sent directly to the twenty-five respondents specified in Appendix C. Twenty-two of the potential respondents provided input to the survey. A cover letter which explained the purpose of the research was used to forward the document to the potential respondent (see Appendix D). Procedural instructions were provided to assist in the completion of the questionnaire.

The questionnaire was divided into two portions. The first portion, consisting of twenty-eight questions, was used to determine the composition of existing volunteer programs. The second portion, consisting of nineteen questions, was used to ascertain the opinion of the respondents concerning specific program components. Eighteen of the statements in the second portion of the questionnaire were declarative. The question responses were assigned weighted factors in the following manner: Positive statements--strongly agree or always = 5, mildly agree or usually = 4, neither agree nor disagree or sometimes = 3, mildly disagree or rarely = 2, strongly disagree or never = 1. Thus, the higher the average mean response, the more positive the consensus of opinion on the part of the hospital administrators toward a specific component of their Volunteer Services Program. A mean score in the range of 3.5 to 5.0 indicated a positive response; a mean score in the range of 2.5 to 3.5 indicated a neutral response; and a mean score in the 1.0 to 2.5 range indicated a negative response. Opinion questions that were omitted by the respondents, through either mistaken or intentional means, were assigned a numerical value of 3.0. Each opinion question was tabulated, calculated, and compared against the preestablished standard criteria, which was developed from research literature and conditions existing within US Army Medical Department Activities, as determined from the first portion of the survey. Positive or negative opinions were perceived as instruments which could significantly aid in the analysis and development of a hospital Volunteer Services Program. Responses of a neutral nature were treated as neither attracting nor detracting from the program. Question four,

Part II, of the questionnaire was used to gain an insight into the administrator's perception as to the leading factor that has caused a decline in Volunteer Services Programs in military health care institutions. The results of this question are discussed in the analysis, but are not used in the profiling mechanism.

In summary, the thrust of the research was the establishment of three factors consisting of: (1) preestablished standard criteria; (2) existing conditions in relationship to the standard criteria; and (3) respondent opinions in relationship to the standard criteria. In those instances where either factor two or factor three did not agree with the preestablished criteria, a problem or weakness was identified as existing.

In a number of cases, questions relating to the preestablished standard criteria are similar in nature. This was accomplished to guard against questionnaire ambiguity.

Footnotes

¹David M. Church, How to Succeed with Volunteers, (New York, NY: National Public Relations Council of Health and Welfare Services, Inc., 1962), p. 6.

²Brandy Rommel, "Voluntarism in Throes of Change," Hospitals, 51 (April, 1977), 152.

³American Hospital Association, The Volunteer Services Department in Health Care Institutions, (Chicago, IL: American Hospital Association, 1973), p. 1.

⁴Irwin Army Community Hospital, Fort Riley, Kansas, "Questionnaire Survey, Health Care Residency Problem Solving Project," (survey sent to twenty-five US Army Medical Treatment Facilities, 12 Dec 80), p. B-I-3.

⁵US, Department of the Army, American National Red Cross Service Program and Army Utilization, AR 930-5, (Washington, DC: Government Printing Office, 1969), pp. 1-1,2-1,2-5.

⁶Survey, p. 1-9.

⁷The Volunteer Services Department, pp. 2-3.

⁸John G. Cull and Richard E. Hardy, Volunteerism: An Emerging Profession, (Springfield, IL: Charles C. Thomas Publishing, 1974), pp. 9-10.

⁹Ivan H. Scheier, "Positive Staff Attitude Can Ease Volunteer Recruiting Pinch," Hospitals, 55 (February, 1981), 61.

¹⁰Cull, p. 6.

II. DISCUSSION

In recent years, as I have pondered over the vicissitudes of Democracy, it has often occurred to me to wonder what would happen if, in the United States, all citizens who work for nothing, who serve as volunteers, were suddenly to go on strike.

--Edward C. Lindeman

General

The full extent to which volunteer services can be broadened has not yet been realized. In the area of health care delivery, services have increased to the community; and the role of the volunteer has enjoyed a commensurate increase. Volunteers, formally used to serve only the patient occupying a bed, are now being used in outpatient clinics, home care programs for the elderly, blood replacement programs, etcetera.¹ "Volunteers are important in humanizing the delivery encounter because they are not professionals."² This particular attribute of the volunteer makes them ideal for service in long-term facilities and hospitals where they can work on a person-to-person basis. Additionally, the ability to fulfill the patients' social and emotional needs allows the volunteer to provide invaluable patient representative services.³ According to Nancy F. Hains, Director of Volunteer Services, Memorial Hospital, Manhattan, Kansas, the use of volunteers to manage and sustain the "meals-on-wheels" program for the elderly home bound citizens has significantly assisted the population by eliminating the necessity of placing these people in crowded

long-term facilities within the metropolitan areas.⁴ In New York, the Cornell Medical Center is using volunteers to assess the ability of aged patients to care for themselves rather than being placed in long-term care facilities. This method is being used because it was discovered that the aged are reluctant to discuss non-medical problems with people with whom they are not personally familiar. However, volunteers over a period of time are able to obtain information from the patients relative to housing, diet, finances, transportation, etcetera.⁵ Volunteers have even become a major component of the Hospice Movement. Ames indicates that without volunteers, hospice services would be limited to only the nursing care that can be covered by medical insurance.⁶ However, in hospices, as in many other health care organizations, the attrition of volunteers is a constant problem.⁷

This does not mean that the number of volunteers are decreasing across the United States. In a survey conducted by the American Association of Fund-Raising Council in 1962, it was estimated that there were 21 million enrolled volunteers in the country.⁸ In 1977 this figure had increased to 37 million volunteers.⁹ The difficulty is not that people are volunteering less, but that the number of organizations competing for the services of the volunteer have increased faster than the supply. For example, a volunteer clearinghouse that offered thirty choices to a volunteer in 1969 was able to offer more than 200 choices in 1979.¹⁰ Therefore, today's volunteer can be more selective than those of ten years ago. Nevertheless, many opportunities exist to attract and retain the volunteer in the health care

institution. These are key system components that form the basis for a viable Hospital Volunteer Services Program.

Standard Criteria

The development, implementation, and operation of an efficient and effective program is the result of management's ability to establish pertinent program objectives and to provide appropriate program components to achieve these established objectives. A hospital Volunteer Services Program is not immune to this basic principle. There are fundamentally a number of factors or components that comprise a viable program. These components include: (1) management of the volunteer program; (2) recruitment of volunteer members; (3) development of job descriptions and job designs; (4) establishment of an awards system; and (5) identification and allocation of distinct uniforms, adequate equipment, and appropriate office space. These components are broad in both their interpretation and application. For example, the recruiting component includes the composition of the volunteer work force in terms of age and sex, the turnover that occurs as volunteers leave the program and new volunteers are recruited, and the type of volunteer recruiting methods that are used by the facility, etcetera. Thus, there are many pertinent variables involved in each major component.

Wilson indicates that an efficient and effective volunteer program is dependent on management. Unfortunately, in the past, management of nonbusiness enterprises has displayed glaring weaknesses.¹¹ However, the management of service institutions and agencies is probably going to be the frontier of management for the rest of this century.¹² Effective management provides direction to the maintenance and

continuing development of a Volunteer Services Program. Management provides organizational direction by insuring the purpose and objectives of the Volunteer Services Program are in harmony with those of the institution. Management also provides lines of authority, accountability, and communication for the program.¹³ Generally, the person accountable for these management responsibilities is the director of volunteer services. This person assists the institution in the delivery of comprehensive health care to the community by obtaining and retaining an adequate number of competent and satisfied volunteers to augment the services provided by the institution's full-time paid staff.¹⁴ The American Hospital Association indicated this person must be a skilled communicator and a capable manager and planner, because he or she must:

1. Plan for space and equipment.
2. Develop criteria for the assignment of workers.
3. Develop departmental policies and procedures.
4. Prepare reports needed by the institution.
5. Develop job descriptions and continuously analyze the institution's needs for volunteers.
6. Recruit and interview volunteers; arrange for their placement, orientation, training, and supervision.
7. Maintain a close working relationship with the staff of the hospital, individual volunteers, and organizations within the community.¹⁵

Hains indicated that the proper management of the Volunteer Services Program determines how successful the program is in assisting the institution in meeting its goals.¹⁶ Thus, many health care institutions

are now obtaining the services of full-time, well-trained, and motivated program directors.¹⁷ The growing awareness of the value of the resources involved in managing volunteers has resulted in a number of educational institutions offering college courses in the field.¹⁸

The second major factor to be examined is the ability of the health care institution to attract a sufficient quantity of volunteers. People who live or work within the hospital catchment area are all prospective volunteers. Traditionally, housewives have been the primary source of volunteers. Other primary sources are retired people, those people with disabilities, and juniors.¹⁹ Volunteers have been described as good citizens, joiners, polio victims, and humanitarians.²⁰ The stereotypical volunteers--middle class, middle-aged housewives working as hospital gray ladies--are still out there, though their numbers are decreasing as women return to the work force. But they are being joined by a new breed of volunteers--representing a broader range of social, economic, and age groups.²¹ Hospitals have begun to explore the use of older experts or older skilled workers on unpaid or part-time job basis.²² In addition to older volunteers, the number of male volunteers is also rising at a rapid rate.²³

The motivation of volunteers is closely tied to the recruitment process. For example, speaking to a service club composed of professional people regarding their becoming day-care aides would be self-defeating. Although they may want to help, they would normally work the same hours on their regular jobs that the day-care center would be open. Determining what skills are needed is important, but equally crucial is understanding and identifying the needs and motives of the people

who are being recruited.²⁴ For example, Seguin and O'Brien indicate older persons may reaffirm the value of their lives through voluntarism. It provides an opportunity to regain a sense of self-worth and independence after retirement has put them in a lowered socio-economic status.²⁵

A 1974 government report entitled Americans Volunteer, revealed the following information concerning peoples' reasons for volunteering.

TABLE 1
Motivation of Volunteers (In Percent)

Reasons	1974*
Wanted to help others	53%
Had sense of duty	32%
Enjoy volunteer work itself	36%
Could not refuse	15%
Had child in program	22%
Had nothing else to do	4%
Hoped would lead to paying job	3%
Other	7%

*Indicated more than one choice.

SOURCE: Marlene Wilson, The Effective Management of Volunteer Programs (Boulder, CO: Volunteer Management Associates, 1976), p. 50.

Effective recruitment programs encompass the full spectrum of the community. The evolution of recent trends, concerning the recruitment of volunteers from every aspect of the social and economic environment, requires constant diligent attention from recruiting personnel.

Wilson believes the best recruitment tools are a good, solid volunteer program and meaningful jobs.²⁶ However, many other experts in the field of volunteers indicate a sound recruiting program is based on obtaining acceptance of volunteers from the full-time staff and a basic understanding of the personality of the community where the recruiting will occur.²⁷ The American Hospital Association has indicated that all persons who live or work within the community are prospective volunteers. Thus, the most important aspects of a viable recruiting program consist of factors relating to understanding the needs of the institution, the needs of prospective volunteers, and the needs of the full-time hospital staff.²⁸ The establishment of a hospital recruitment committee to accomplish these many tasks has been strongly recommended.²⁹ Hospitals need to strengthen their communication links with the community by utilizing the willingness, talents, and interests of staff members in a most logical method.³⁰

Methods of recruitment generally fall into three categories: individual, mass, and outside sources. Fulfillment of this function can be achieved through many vehicles, such as, staff members, patients, television programs, brochures, posters, speeches before community groups, volunteer bureaus, etcetera. However, the process does not end with the identification of a qualified and willing volunteer. Another important variable is the formal interview of the prospective volunteer. This portion of the process seeks to place the right person into the right position. Such an interview is essential, since the success of the entire volunteer program depends to a large degree on finding the right person for the right job.³¹

Another important component of a successful Volunteer Service Program, closely linked to the recruitment process and the motivation of volunteers, is the development of job design or job description. The institution must know why it needs volunteers before it tries to enlist their help. According to Wilson, only too frequently organizations concentrate on recruitment in an attempt to obtain manpower without recognizing the motives of the volunteers, what the staff will accept, how the volunteers will assist the institution, and what are the institution's patient needs.³² The job design should be an intricate part of the institution and interwoven into the objectives and goals of the hospital. There must also be opportunity for growth and job change if a volunteer is to be kept interested and motivated.³³ The director of volunteer services plays an important role in this process, not only in the recruitment process, but also by coordinating requirements with activities and departments throughout the hospital. With recent trends indicating that many individuals are using volunteer positions as a stepping stone to career development, the director must serve both volunteer and institutional needs. Cabrini indicates that this is a most important component in a viable program.³⁴

Another important factor in the operation of a Volunteer Services Program is an awards system. Motivation will be sustained best if there are regular mechanisms for supportive feedback from clients, co-workers, and professional leadership and recognition from the agency and the community.³⁵

These mechanisms of feedback may include letters of appreciation, service pins, achievement awards, public announcements through the

local press, etcetera. A typical example is the use of an annual awards banquet to recognize the contributions that volunteers have made toward institutional goals and objectives.³⁶ It has been advocated that the institution use intangible awards whenever possible, because they place emphasis on service rather than a tangible award.³⁷ However, Charles U. Letourneau in his book titled, The Hospital Administrator, stresses the importance of establishing a recognition program consisting of tangible awards for years of service and total hours of service.³⁸ In this regard, the American Hospital Association has developed an extensive awards program designed for volunteer services to include service pins, cufflinks, and achievement scrolls.³⁹ In four health care facilities visited in the Manhattan, Kansas, area, award programs were in existence and were considered to be of vital importance to the Volunteer Services Programs. Seguin and O'Brien contend that a person will accept responsibility and continue in volunteer work if the work provides an opportunity for accomplishment, an opportunity to contribute to society, and appropriate commendation for achievement.⁴⁰

Another important component for consideration is appropriate uniforms for volunteer members, adequate office space, and necessary equipment. Haines contends that these items are extremely crucial to the Volunteer Services Program. Uniforms enhance the program by providing a method of identifying volunteers and giving the individual volunteer a sense of belonging to a professional organization.⁴¹ The lack of appropriate equipment and adequate office space can be a decisive deterrent to accomplishing the goals and objectives of the department.⁴²

In the preceding discussion, critical components in a viable Volunteer Service Programs have been identified and discussed. Although there are other factors that may impact on volunteer programs, these components, according to many of the leading experts and directors of programs in civilian health care institutions, are commonly identified as critical.

Existing Conditions in US Army Hospitals

In contrasting the first portion of the mail questionnaire with the five standard criteria, a number of interesting factors are identified. Questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 20, Part I, are considered to be management related. Although questions 4, 5, 6, 7, 8, and 9 specifically address the director of the Volunteer Services Program, they impact on the management of the programs and are therefore considered in this category.

Management

The profile that emerges from the questionnaire reveals that all medical treatment facilities possess a volunteer program. The liaison office between the American Red Cross and the institution is generally the Executive Officer; however, the Chief, Clinical Support Division fulfills this function in five hospitals. In response to question three, all the respondents indicated the American Red Cross operates the program in their institution. However, in response to question four, only thirteen of the twenty-two facilities have an assigned full-time American Red Cross staff member. The lack of a full-time staff member in nine of the twenty-two facilities is further compromised, because only seven of the twenty-two use the full-time paid staff member to direct the volunteer program. The remaining fifteen facilities

use a part-time volunteer to operate the program. In response to question six, more than one-half of the institutions indicated that their director of the volunteer program has not attended continuing education in more than two years. However, seventeen of the directors possess an undergraduate degree. In twelve of the hospitals, the director is a regular member of hospital staff meetings. Although a majority of the facilities indicate the purpose and objective of the program are in concert with those of the institution; in three facilities this is not the case. Four hospitals report the nonexistence of a written regulation or memorandum governing the purpose, policy, and functions of the volunteer service.

Recruitment

Questions 12, 13, 14, 15, 16, 17, 18, 19, 20, 25, and 26 were directed toward the recruitment of volunteers. These questions addressed recruiting methods, composition of the volunteer staff, experience on the part of the volunteers, and turnover of volunteers. There are approximately 1700 volunteers in the twenty-two respondent facilities. However, the number of volunteers has increased in only four hospitals during the preceding five years. In thirteen hospitals the number of volunteers has decreased and in five hospitals the number has remained the same. Each of the hospitals surveyed indicated that they recruit from the military community, but only four indicated they also recruit from the civilian sector of the surrounding community. The major source of volunteers is the Military Wives' Club and self-interested applicants. The extent to which the twenty-two military hospitals recruit from the military community is reflected in the percent of

volunteers from that sector. For example, nineteen hospitals indicated more than 75 percent of their volunteers are from the military sector. A significant number of the volunteers in military hospitals turnover on an annual basis. Only five hospitals indicated that they possessed an established priority system or program to fill volunteer position vacancy requirements. In terms of composition, all twenty-two hospitals reported less than 20 percent of their work force is composed of male volunteers. However, thirteen facilities reported an increase in male volunteers during the preceding five years.

Job description

Thirteen of the military hospitals indicated volunteers were assigned a specific job description. However, only one facility reported volunteers were always used in high-quality skill positions.

Awards program

Only one hospital indicated that it did not have an established awards program. The other twenty-one hospitals reported the use of letters of appreciation, achievement awards, service pins, and an annual awards banquet as an integral part of their Volunteer Services Program.

Uniforms/office space/equipment

All the facilities reported the use of a distinct, recognizable uniform by the volunteer members at their institution. Only one hospital indicated the lack of necessary supplies, equipment, and office space for the American Red Cross Office.

Executive Officers' opinions

The second portion of the mail questionnaire was used to obtain perceptions from the administrators of the twenty-two US Army Medical Treatment Facilities regarding the Volunteer Services Program. This portion of the questionnaire contained nineteen questions. However, only eighteen of the questions will be addressed in this portion of the paper. Question four has been omitted, but will be discussed in the analysis. The mean score responses for each question are identified in Appendix E. Only the mean response to question two falls below the 2.5 mean score. In fact, fifteen of the twenty-two administrators tend to agree that the Volunteer Services Program in US Army Medical Treatment Facilities should not be a US Army function or activity. This response is consistent with the reply to question one in which eighteen administrators either strongly or mildly agreed that the American Red Cross is the appropriate organization to manage the program for US Army Medical Treatment Facilities.

Analysis

In contrasting the three factors--standard criteria, existing conditions in US Army Medical Treatment Facilities, and Executive Officers' perceptions--a number of Volunteer Services Program problems or weaknesses can be observed. Table 2 on the following page is provided to matrix the three factors. A positive sign indicates that program problems or weaknesses have not been identified in relationship to the criteria, and a negative sign indicates a factor that requires improvement.

TABLE 2

A Contrast of Factors in Volunteer Services Programs
in US Army Medical Treatment Facilities

Standard Criteria	Existing Conditions	Administrator Perceptions
Management	(-)	(+)
Recruitment	(-)	(+)
Job Description/Job Desi	(-)	(+)
Awards System	(+)	(+)
Uniforms/Equipment/Office Space	(+)	(+)

*Indicates variables within each factor that contributes to the pre-established standard criteria.

In relationship to the preestablished standard criteria, problems on program weaknesses are identified in the areas of management, recruitment, and volunteer job description or job design. These deficiencies are identified in contrasting the standard criteria and the conditions that presently exist in US Army Medical Treatment Facilities. In terms of perceiving program requirements in relationship to the criteria, the Executive Officers recognize the need for a viable efficient and effective Volunteer Services Program. Therefore, this analysis is more directly related to the recognized deficiencies in existing conditions.

In the management arena, the respondents indicated that the staff liaison between the hospital and the American Red Cross is either the Executive Office; Chief, Clinical Support Division; or the Chief, Department of Nursing. It is felt that any of these staff members are appropriate. The important factor is that each facility has a designated

individual to represent the institution. However, the lack of a full-time director of volunteer services in fifteen of the hospitals can be detrimental to the accomplishment of goals and objectives of the facility due to the responsibilities placed on such individuals. In addition, more than one-half of the personnel responsible for the program in the twenty-two US Army Medical Treatment Facilities have not attended continuing education courses, relative to the conduct of volunteer services, in more than two years. The dynamics of innovation and evolution in the field of such services during the recent two years has been somewhat lost to the institution because of nonattendance at these important functions. Additionally, in ten of the hospitals the director of volunteer services is not a regular member of hospital staff meetings; for example, Joint Conference Committee, Executive Officer Staff Meetings, etcetera. It is questionable whether the director can assure that the purposes, goals, and objectives of the Volunteer Services Program are in concert with those of the facility, when viable avenues of communication with other staff members do not exist. The lack of a hospital regulation or memorandum describing the purpose, policy, and functions of the Volunteer Services Program in four hospitals is also a matter of concern, particularly in view of the requirements established by the Joint Commission on the Accreditation of Hospitals.⁴³

In the arena of recruiting, the number of volunteers has decreased in thirteen facilities and remained constant in five facilities; therefore, only four respondents indicated an increase in volunteer members during the preceding five years. The loss of volunteer

members, particularly at a time when volunteers are increasing nationally, indicates a severe problem in maintaining a viable service to the military community. The lack of a strong recruiting system in the civilian community, to coincide with a strong recruiting system in the military program, apparently does not exist, because only four facilities identified the civilian sector as a source of volunteers. A high percentage of volunteers from the military sector also contributes to high volunteer turnover (75 percent) due to the movement of military families. In addition, only five hospitals indicated the use of a priority system to recruit for specific hospital personnel requirements.

The lack of definitive job descriptions in nine of the twenty-two facilities is a subject of further concern. Job descriptions provide the basis for both accountability and responsibility within the institution. They also provide a volunteer the opportunity to obtain a physiological sense of a defined job.⁴⁴ In addition, the Joint Commission on the Accreditation of Hospitals has interpreted volunteer job descriptions to be a valid requirement in accredited hospitals.⁴⁵ In the same arena only one facility reported the use of volunteers in high-quality skill positions. The absence of volunteers in positions other than clerical, receptionists, messengers, etcetera, has implications regarding the optimization of the use of volunteer manpower. A Volunteer Services Program that does not use personnel in more skilled positions can severely damage its own recruiting system by not affording the volunteer an opportunity to "grow in the system," and maximize individual talents and the achievement of personal motivation needs. Thus, the

more skilled volunteer will likely seek employment in another agency where his or her individual talents will be accorded greater deference.

In terms of administrator perceptions, only one question was below the acceptable 2.5 mean score. However, the question solicited personal responses as to whether the Volunteer Services Program in US Army Medical Treatment Facilities should be managed as a functional activity of the Department of the Army, rather than the American Red Cross. Fifteen of the respondents either strongly disagreed or mildly disagreed with this proposal. Thus, a majority of the administrators feel that the program should be managed under the auspices of the American Red Cross. The response to the question does not imply either satisfaction or dissatisfaction with the services of the American Red Cross, and cannot be analyzed in terms of identifying program deficiencies.

Question number four, Part II, of the mail questionnaire required the Executive Officers to identify the reasons(s) for the decline in Volunteer Services Programs in military hospitals. More than one response to the question was permitted. The input to this question revealed the following data:

1. Thirteen responses indicated the problem was associated with the lack of volunteers.
2. Five indicated a lack of trained, full-time American Red Cross staff members to manage the program.
3. Eleven of the responses indicated the lack of program emphasis by hospital management.
4. Four responses identified absence of a viable volunteer program as a reason for the decline.

5. Eight responses identified "other" reasons without specific input.

The response to this question parallels the program weaknesses identified and discussed in the areas of management and recruitment.

Proposed Solution

Conceptually, the Volunteer Services Program as managed by the American Red Cross in US Army Medical Treatment Facilities can adequately meet the needs of the military beneficiary population. The majority of the administrators in twenty-two military hospitals are in agreement with the system. However, there are a number of program improvements within the existing system that could be instituted to provide viability to the program. In this regard, the following array of management actions can be undertaken.

1. The Commander of each US Army Medical Treatment Facility should require a full-time director of volunteer services. The numerous responsibilities associated with this position cannot be achieved through a part-time volunteer member.

2. The director of volunteer services should be considered a member of the staff and afforded opportunities for continuing education commensurate with other hospital staff members. Funding for this training should be offered from within the annual hospital budget.

3. The director of volunteer services should be a regular member of all pertinent staff meetings. The volunteer manpower that exists within a viable program is a valuable commodity that should be maximized through the recognition and staffing of pertinent hospital personnel requirements.

4. Each military medical facility should have a hospital regulation or memorandum that specifically describes the purpose, policy, and functions of the Volunteer Services Program. This document must be reviewed on a periodic basis, not less than annually, to insure continuity between institution and department goals and objectives.

5. The Volunteer Services Program should be reflected as an integral activity of the hospital into the Organization and Functions Manual of the facility to insure proper accountability, responsibility, and lines of communication.

6. The hospital should establish a volunteer recruitment committee comprised of key staff members; for example, Commander; Executive Officer; Chief, Professional Services; Chief, Department of Nursing; Chief, Personnel, etcetera. The director of volunteer services through interface with civic action groups within both the military and civilian communities should initiate a continuing recruitment campaign. The services of the recruitment committee would be available for speaking engagements, recommended methods of recruiting, the identification of personnel priority requirements in the hospital, and assistance in the recruiting campaign. Particular emphasis should be placed on maintaining a balance between military sector volunteers and civilian sector volunteers to offset the turnover experienced with military families.

7. The Commander through the director of volunteer services should establish a requirement for job descriptions for volunteer members throughout the hospital. Volunteer positions should be arranged to offer an opportunity for advancement within the facility from one

position to another, both in terms of personal skill and organizational hierarchal order.

8. A process to periodically review and evaluate the efficiency of the Volunteer Services Program should be conducted for purposes of system correction. This process could be included as an integral part of the manpower survey process conducted in organizations of the US Army Medical Department. Additional program evaluations could be conducted by the Program Budget Advisory Committee at each facility on a quarterly basis in the same manner as other resources of the hospital.

Footnotes

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⁴Nancy F. Haines, Director of Vounteer Services, private interview held at Memorial Hospital, Manhattan, Kansas, 18 March 1981.

⁵Michael J. Weisal and Alice Ullmann, "Volunteers Boost Spirits of Elderly," Hospitals, 54 (January, 1980), 70.

⁶Richard A. Ames, "Unresolved Issues in Hospice Care: Models, Pain Control, Volunteers' Role," Hospital Progress, 62 (March, 1981), 51.

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⁸David M. Church, How to Succeed with Volunteers, (New York, NY: National Public Relations Council of Health and Welfare Services, Inc., 1962), p. 8.

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¹¹Marlene Wilson, The Effective Management of Volunteer Programs, (Boulder, CO: Volunteer Management Associates, 1976), p. 39.

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¹³American Hospital Association, p. 4.

¹⁴Ibid., p. 5.

¹⁵Ibid., p. 5.

¹⁶Haines Interview.

¹⁷Ibid.

¹⁸The Volunteer Services Department in a Health Care Institution, p. 25.

¹⁹John G. Cull and Richard E. Hardy, Volunteerism: An Emerging Profession, (Springfield, IL: Charles C. Thomas, Publishers, 1974), p. 191.

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²⁴Wilson, p. 52.

²⁵Mary M. Seguin and Beatrice O'Brien, Releasing the Potential of the Older Volunteer, (Los Angeles, CA: University of Southern Calif. Press, 1976), p. 8.

²⁶Wilson, p. 115.

²⁷Cull and Hardy, pp. 33-43.

²⁸The Volunteer Services Department in a Health Care Institution, pp. 19-26.

²⁹Cull and Hardy, p. 37.

³⁰Marilyn Bryant, "New Faces, New Frontiers: 1977 Review of Literature," The Volunteer Leader, 19 (Summer, 1978), 25.

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³²Wilson, pp. 101-102.

³³Eva Schindler-Rainman and Ronald Lippitt, The Volunteer Community (Washington, DC: NTL Learning Resources, Inc., 1971), p. 72.

³⁴Sister Francis Cabrini, Assistant Administrator, private interview held at St. Mary's Hospital, Manhattan, Kansas, 18 March 1981.

³⁵Eva Schindler-Rainman and Ronald Lippitt, p. 63.

³⁶Gary Anziani, Assistant Administrator, private interview held at Audie L. Murphy Memorial Veteran's Administration Hospital, San Antonio, Texas, 7 May 1980.

³⁷American Hospital Association, The Auxillary; New Concepts, New Directions, (Chicago, IL: American Hospital Association, 1974), p. 23.

³⁸Charles U. Letourneau, The Hospital Administrator, (Chicago, IL: American Hospital Association, 1972), p. 18.

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⁴⁰Seguin and O'Brien, p. 8.

⁴¹Haines, Interview.

⁴²Sister Francis Cabrini, Interview.

⁴³Joint Commission on Accreditation of Hospitals, Accreditation Manual for Hospitals, (Chicago, IL: Joint Commission on Accreditation of Hospitals, 1981), p. 120.

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⁴⁵Joint Commission on Accreditation of Hospitals, Accreditation Manual for Hospitals, (Chicago, IL: Joint Commission on Accreditation of Hospitals, 1981), p. 120.

III. CONCLUSIONS

The findings of this study indicate that Volunteer Services Programs provide a viable resource which should be optimized to the advantage of both the institution and the volunteer member. However, a number of deficiencies are recognized in the conduct of this program in US Army Medical Treatment Facilities. These deficiencies were discovered as a result of matching the responses to a mail questionnaire, submitted by twenty-two Executive Officers, against a preestablished list of five standard criteria. These criteria were developed from a review of pertinent literature and selected interviews with personnel who are intimately involved in Volunteer Services Programs. Specific areas of program weaknesses were discovered in relationship to the management of volunteers, the recruitment of volunteers, and the development of job descriptions and job design.

As a result of this effort, eight recommendations were developed to counter existing problems within the Volunteer Services Program of US Army Medical Treatment Facilities. The recommendations, contained in the proposed solution portion of the research paper, can be implemented without violating existing regulatory or statutory limitations imposed on organizations of the US Army. In certain instances, the implementation of these recommendations will place the institution in compliance with existing standards established by the Joint Commission on the Accreditation of Hospitals.

However, the findings and recommendations of this study constitute an aggregate review of Volunteer Services Programs in US Army Medical Treatment Facilities. Therefore, the implementation of these recommendations may not solve all of the problems existing at a particular institution. An awareness that numerous other program system problems may exist at a particular hospital, may overshadow those identified in this study. Therefore, an indepth analysis of the Volunteer Services Program at any institution, seeking to optimize its volunteer resource, is considered essential.

APPENDIX A

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*Fort Riley MEDDAC Pam 930-1

DEPARTMENT OF THE ARMY
HEADQUARTERS, MEDICAL DEPARTMENT ACTIVITY
Fort Riley, Kansas 66442

FR MEDDAC Pamphlet
No. 930-1

15 January 1979

Service Organizations
AMERICAN NATIONAL RED CROSS

1. PURPOSE. To state policy and procedure for carrying out the American Red Cross program of service at Irwin Army Hospital.
2. GENERAL. Consistent with the American Red Cross Charter obligation, "to furnish volunteer aid to the sick and wounded of armies" and "to act in matters of voluntary relief and in accordance with military authorities, as a medium of communication between the peoples of the United States and their Army and Navy," and in compliance with AR 930-5, the Hospital Red Cross conducts a program to help patients in military hospitals derive maximum benefit from hospital care by aiding in the solution of their personal and family problems, as a supplement to Military Social Work Service.
3. AUTHORITY. The American Red Cross operates at this installation upon the request of the Commanding Officer.
4. MISSION. The American Red Cross supports and supplements the military and medical facilities that affect the health, welfare, recreation and morale of the US Army personnel and their families.
5. PERSONNEL.
 - a. The Hospital Field Director is administratively responsible to the Commanding Officer of the hospital, and is supervised by the Regional Director of Service to Armed Forces, National Field Office, St. Louis, Missouri.

*Supersedes Irwin Army Hospital MEDDAC MEMO 930-5 dated 1 Mar 1978.

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b. Trained social workers and secretaries are employed in numbers appropriate to the number of occupied beds in the hospital.

c. All Red Cross paid and volunteer personnel receive training from both the Red Cross and the military, and work under supervision of the professional Red Cross Field Director.

6. HOURS OF OPERATION. Normal duty hours for the Hospital Field Director are 0800-1630 hours, Monday through Friday. The main post field office is open Saturday 0800-1630 hours. Caseworkers are on call for emergencies nights and weekends. The post telephone operator has the duty roster for Red Cross Workers.

7. RESPONSIBILITIES OF HOSPITAL FIELD DIRECTOR.

a. Supervise the functioning of the Social Service program.

b. Assist office of volunteers with selection, training and supervision of volunteer workers.

c. Take responsibility for the care of rooms, furniture and equipment assigned for Red Cross purposes.

d. Control of and account for funds and property.

e. Establishment and maintenance of cooperative relationship with medical personnel and administrative officers of the hospital, with Red Cross chapters and with representatives of social agencies and volunteer groups.

8. PROGRAM STATEMENTS. Red Cross services are available to all military patients in the hospital, their dependents and other patients admitted to the hospital by the authority of the Commanding Officer. Social welfare service is also rendered to all assigned or attached duty personnel and their dependents.

a. Social Casework. Staff services are provided by interviewing persons who ask for service; holding conferences with officers and staff agencies; and communicating with appropriate Red Cross headquarters, offices, chapters or field offices as needed. The Red Cross determines within policy, whether sufficient justification exists for communications service and when rapid communications are necessary.

(1) Counseling. Guidance for patients or duty personnel on personal and family problems, providing information and making referrals to appropriate military or civilian resources are accomplished by Red Cross personnel.

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(2) Communications and Reports. Assisting with urgent communications, such as:

(a) Health and Welfare reports regarding family situations as requested by patients or by the military.

(b) Health and Welfare reports requested through American Red Cross channels regarding patients for their families.

(c) Obtaining reports to assist serviceman and Commanding Officer in making decisions regarding leave in emergency situations or for convalescent leave for therapeutic reasons.

(d) Provides supplementary reports to the commander having the final authority when he needs additional data in order to make decisions involving deferment, humanitarian reassignment, or dependency discharge.

(e) At the request of the hospital authorities and with the written concurrence of the patient (if mentally competent), acquires privileged social, medical and other pertinent information to aid in diagnosis and treatment. This will be treated as confidential data and cannot be included in records of proceedings for evaluation boards, exhibited to the patient, or incorporated in his medical records. A non-verbatim abstract may be included provided the source is not identified. After the medical officer has used this report it will be returned to the Red Cross. Commanders at all levels will respect the confidential nature of Red Cross reports and will insure they do not fall into the hands of unauthorized persons. Red Cross reports are provided as factual information to assist without a recommendation and permit the military person or his commander to make his own determination about any decision. Written copies or condensations of Red Cross reports will be provided to military personnel only by or at the direction of the Hospital Field Director.

(f) Reporting to the families of very seriously or seriously ill patients in military hospitals, following the official notification sent by the hospital authorities, giving such additional information concerning the patient's condition and personal situation as may be desired by the hospital authorities.

(3) Financial Assistance. The Red Cross financial assistance (as an outright grant, or a loan without interest), based on need, is provided by Red Cross at this installation or through chapters to personnel and their dependents. These funds are used for:

(a) Basic maintenance needed by spouse and children before first allotment or when payments are delayed or interrupted.

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(b) Travel and maintenance because of an emergency in the immediate family when leave and financial aid have been approved by the appropriate Commanding Officer.

(c) Travel and maintenance expenses when therapeutic convalescent leave has been approved by the appropriate Commanding Officer.

(d) Appropriate expenses of next of kin of a seriously ill patient when summoned by the Commanding Officer of the hospital.

(3) Other emergency needs that could not be anticipated or planned for adequately.

(4) Information and Assistance Concerning Government Benefits.

(a) Providing information to patients concerning federal and state benefits available to them or their dependents while in service or after discharge, and assistance in applying for such benefits.

(b) Providing information to patients about to be discharged, regarding the government's provisions and regulations for benefits to which they may be entitled.

(5) Information and Referral to Specialized Sources.

(a) Providing information to patients regarding various community resources available for specific services.

(b) Referring patients to appropriate specialized agencies to obtain services and benefits that are available to them. These include legal aid services, personnel services by the military authorities, and post discharge employment.

(c) Providing information to patient's families regarding specialized agencies, and assisting them in obtaining services that are available to them concerning such matters as employment, medical care, child welfare provisions, and legal aid.

(6) Personal Services.

(a) Providing volunteer services to patients who, because of hospitalization and illness, are unable to do these things for themselves. Such services as shopping, writing letters, and friendly visiting are provided.

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(b) Providing for the comfort and care of relatives who visit patients, particularly those who are summoned to hospitals because of serious or critical illness. This may include in addition to providing support during this distressing experience, assistance with housing and travel arrangements and communications with relatives; providing information regarding the hospital and local community; and providing financial assistance, if needed.

(7) Comfort Supplies. Providing comfort supplies and chapter produced articles for patients temporarily without funds or not having access to such articles, as long as comfort supplies continue to be made available through Red Cross channels.

(8) Volunteer Services. Providing to those clinics which are temporarily understaffed. Clinics in need of volunteer services are to submit a DF requesting how many volunteers are needed. The DF should state hours, job description, and volunteer responsibilities. DFs are subject to review by the Hospital Volunteer Chairman for further action for placing volunteers. DFs must be submitted through the Chief, Ambulatory Care Support Battalion/Clinical Support Division, Irwin Army Hospital.

(AFZN-DM-ARC)

FOR THE COMMANDER:

OFFICIAL:

A. F. LASK
COL, MSC
Executive Officer

WILLIAM C. HOWLAND
CPT, MSC
Adjutant

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APPENDIX B

APPENDIX B

SURVEY

PART I

INSTRUCTIONS: Check the one response for each question or statement which best describes conditions at your medical treatment facility (please specify, if applicable).

1. Does your medical treatment facility have a Volunteer Program?

- ☐ a. Yes.
☐ b. No. (If no, omit the remainder of Part I of this questionnaire.)

2. In terms of organizational structure, which one of the following staff members serve as liaison between the American Red Cross (ARC) and your institution?

- ☐ a. Executive Officer.
☐ b. Chief, Professional Services.
☐ c. Chief, Personnel Division.
☐ d. Adjutant.
☐ e. Chief, Clinical Spt Division.
☐ f. Commander.
☐ g. Other. (Specify _____).

3. Is the Volunteer Program operated by the American Red Cross at your Facility?

- ☐ a. Yes.
☐ b. No. (Specify responsible organization _____.)

4. Does your Facility have an assigned American Red Cross staff member (Hospital Field Director)?

- ☐ a. Yes.
☐ b. No.

APPENDIX B - SURVEY, Part I (Continued)

5. Which of the following choices best describes the Director of the Volunteer Program at your Facility?

- ☐ a. Full-time ARC employee.
- ☐ b. Part-time ARC employee.
- ☐ c. Full-time ARC Volunteer.
- ☐ d. Part-time ARC Volunteer.
- ☐ e. Military member.
- ☐ f. Civil Service employee.
- ☐ g. None of the above. (Specify _____.)

6. Has the Director of the Volunteer Program at your Facility attended national or state meetings/seminars/conferences for Volunteer Services?

- ☐ a. Once in the last year.
- ☐ b. More than once in the last year.
- ☐ c. More than once in the past two years.
- ☐ d. Has not attended in the past two years.

7. Does the Director of the Volunteer Program at your Facility possess an undergraduate degree?

- ☐ a. Yes.
- ☐ b. No.

8. Which of the following best describes the experience of your Director of the Volunteer Program in supervising volunteers?

- ☐ a. Less than one year.
- ☐ b. Less than two years.
- ☐ c. Less than three years.
- ☐ d. Less than four years.
- ☐ e. More than four years. (Specify number of years _____.)

9. The Director of the Volunteer Program is a regular member of hospital staff meetings and conferences.

- ☐ a. Yes.
- ☐ b. No.

10. The purpose and objectives of the Volunteer Program at this Facility are in concert with those of the hospital.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

APPENDIX B - SURVEY, PART I (Continued)

11. The hospital has a written regulation or memorandum which provides guidance relating to the purpose, policy, and functions of the ARC within the Facility.

- ☐ a. Yes.
- ☐ b. No.

12. How many Volunteer members participate in the ARC Volunteer Program at your hospital?

- ☐ a. Less than 50.
- ☐ b. Less than 100.
- ☐ c. Less than 150.
- ☐ d. Less than 200.
- ☐ e. Less than 250.
- ☐ f. Less than 300.
- ☐ g. More than 300.

13. In contrast to the same period five years ago, have the number of volunteers at your Facility:

- ☐ a. Increased. (Specify increase _____.)
- ☐ b. Decreased. (Specify decrease _____.)

14. The hospital recruits volunteer members directly from the military community.

- ☐ a. Yes.
- ☐ b. No.

15. The hospital recruits volunteer members directly from the non-military civilian sector of the surrounding community.

- ☐ a. Always.
- ☐ b. Usually.
- ☐ c. Sometimes.
- ☐ d. Rarely.
- ☐ e. Never.

16. Describe the source of volunteer members at your Facility (check more than one if applicable).

- ☐ a. Military Wives Clubs.
- ☐ b. Veterans of Foreign Wars.
- ☐ c. American Legion.
- ☐ d. Self-interested applicants.
- ☐ e. Other organizations. (Specify _____.)

APPENDIX B - SURVEY, PART I (Continued)

17. Which of the following choices best describes the composition of the volunteer members at your Facility (includes military members and their families and retired military members and their families).

- ☐ a. One-fourth military.
- ☐ b. One-half military.
- ☐ c. Three-fourths military.
- ☐ d. More than ninety percent military.

18. How many volunteer members at your Facility have more than (specify number of years of volunteer experience).

- ☐ a. Two years experience.
- ☐ b. Three years experience.
- ☐ c. Four years experience.
- ☐ d. More than four years experience.

19. How would you describe the longevity of volunteers at your Facility.

- ☐ a. One-fourth annual turnover.
- ☐ b. One-third annual turnover.
- ☐ c. One-half annual turnover.
- ☐ d. More than one-half of the members turnover annually.

20. The filling of volunteer position vacancy requirements is based on an established priority program within the hospital.

- ☐ a. Always.
- ☐ b. Usually.
- ☐ c. Sometimes.
- ☐ d. Rarely.
- ☐ e. Never.

21. Each volunteer position in the hospital has an assigned job description that specifically portrays the duties to be performed.

- ☐ a. Always.
- ☐ b. Usually.
- ☐ c. Sometimes.
- ☐ d. Rarely.
- ☐ e. Never.

22. Volunteers at this Facility are used in many high quality skill positions (Nurses, Technicians, etc.).

- ☐ a. Always.
- ☐ b. Usually.
- ☐ c. Sometimes.
- ☐ d. Rarely.
- ☐ e. Never.

APPENDIX B SURVEY, PART I (Continued)

23. Does your medical treatment facility have an awards or recognition program for volunteer members?

- ☐ a. Yes.
☐ b. No. (If no, omit next question.)

24. How many of the following awards are used to motivate volunteer members at your hospital (check more than one, if appropriate)?

- ☐ a. Letters of Appreciation.
☐ b. Achievement Awards.
☐ c. Service Pins.
☐ d. Annual Awards Banquet.
☐ e. None of the above. (Specify _____.)

25. Male volunteer members represent less than twenty percent of the total volunteer membership.

- ☐ a. Yes.
☐ b. No.

26. During the preceding five years the number of male volunteers at the hospital have increased.

- ☐ a. Yes.
☐ b. No.

27. The volunteer members at this institution wear a distinct, recognizable uniform.

- ☐ a. Yes.
☐ b. No.

28. Has the American Red Cross Office in the hospital been provided necessary supplies, equipment, and office space?

- ☐ a. Yes.
☐ b. No.

SURVEY

PART II

INSTRUCTIONS: Check the response for each question or statement which best describes your personal opinion.

1. The American Red Cross is the appropriate organization to manage the Volunteer Program in U.S. Military Treatment Facilities.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

2. The Volunteer Program at this hospital would be improved if it were a Department of the Army organizational function or activity.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

3. The Volunteer Program at this hospital is adequate in terms of providing required health care services to the consuming public.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

4. In general, Volunteer Programs in the military hospitals have declined due to a number of factors (check more than one if appropriate).

- ☐ a. Lack of volunteers.
- ☐ b. Lack of trained ARC staff members.
- ☐ c. Lack of program emphasis by military managers.
- ☐ d. Inadequate volunteer programs.
- ☐ e. Others. (Specify _____.)

APPENDIX B - SURVEY, PART II (Continued)

5. Volunteers provide substantial contributions to the health care rendered by the U.S. Army Medical Department.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

6. Volunteer Programs in the military health care setting have been expanding and broadening in scope.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

7. An awards or recognition program for volunteer members is an important consideration in the composition of a viable hospital Volunteer Program.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

8. Greater efforts should be expended in the recruitment of male volunteer members.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither disagree nor agree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

9. The Commander and/or Executive Officer assume an active role in attracting volunteer members by appearing before local civic and social organizations.

- ☐ a. Always (every opportunity).
- ☐ b. Usually (regular basis).
- ☐ c. Sometimes.
- ☐ d. Rarely.
- ☐ e. Never.

APPENDIX B - SURVEY, PART II (Continued)

10. Volunteer members are assigned to positions in the hospital commensurate with their education, experience, and knowledge.

- ☐ a. Always.
- ☐ b. Usually.
- ☐ c. Sometimes.
- ☐ d. Rarely.
- ☐ e. Never.

11. Recruiting before job design does not lend itself to the integration of the Volunteer Program into the functional organization.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

12. The key to a successful Volunteer Program is finding the right person for the right position.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

13. Volunteer members are provided a complete orientation and tour of the hospital during their initial two weeks of duty.

- ☐ a. Always.
- ☐ b. Usually.
- ☐ c. Sometimes.
- ☐ d. Rarely.
- ☐ e. Never.

14. Most volunteer members are motivated toward volunteering out of a desire to help others.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

APPENDIX B - SURVEY, PART II (Continued)

15. Each volunteer applicant should undergo a formal interview before being accepted into the hospital Volunteer Program.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

16. Volunteer members should be accorded treatment commensurate to that of full-time hospital employees.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

17. Volunteer members provide ideal members for Health Consumer Councils because they are normally well-informed regarding health related issues.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

18. There is a growing awareness of the value of the resources involved in managing hospital Volunteer Programs.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

19. A Volunteer Program is substantially strengthened when it has a core composition of long-time serving volunteer members.

- ☐ a. Strongly disagree.
- ☐ b. Mildly disagree.
- ☐ c. Neither agree nor disagree.
- ☐ d. Mildly agree.
- ☐ e. Strongly agree.

APPENDIX B - SURVEY, PART II (Continued)

20. Any additional comments or opinions regarding Volunteer Programs may be provided below:

APPENDIX C

APPENDIX C

POTENTIAL RESPONDENTS TO SURVEY

1. COL Marion P. Johnson, MSC
Executive Officer
Brooke Army Medical Center
Fort Sam Houston, TX 78234
2. Executive Officer
Leonard Wood Army Hospital
Fort Leonard Wood, MO 65473
3. COL Lawrence K. Varn, MSC
Executive Officer
Martin Army Hospital
Fort Benning, GA 31905
4. COL Ellis F. Hall, Jr., MSC
Executive Officer
Womack Army Hospital
Fort Bragg, NC 28307
5. LTC Donald A. Johnson, MSC
Executive Officer
Outler Army Hospital
Fort Devens, MA 01433
6. COL Donald L. Naylor, MSC
Executive Officer
Lyster Army Hospital
Fort Rucker, AL 36363
7. COL Charles E. Bradford, MSC
Executive Officer
Eisenhower Army Medical Center
Fort Gordon, GA 30905
8. COL James B. Stubblefield, MSC
Executive Officer
Letterman Army Medical Center
San Francisco, CA 94129
9. COL Lewis M. Edwards, MSC
Executive Officer
HQ, WBAMC
El Paso, TX 79920
10. COL William A. Campbell, MSC
Executive Officer
HQ, TAMC
TAMC, HI 96859
11. COL James E. Bizer, MSC
Executive Officer
Ireland Army Hospital
Fort Knox, KY 40121
12. COL Leroy M. Barber, Jr., MSC
Executive Officer
US Army Hospital
Fort Polk, LA 71459
13. COL McLain G. Garrett, Jr., MSC
Executive Officer
Moncrief Army Hospital
Fort Jackson, SC 29207
14. COL Ron C. Jones, MSC
Executive Officer
Reynolds Army Hospital
Fort Sill, OK 73503
15. COL Carshall A. Burris, Jr., MSC
Executive Officer
Madigan Army Medical Center
Tacoma, WA 98431
16. COL Gerald D. Allgood, MSC
Chief of Staff
Walter Reed Army Medical Center
Washington, D.C. 20012

APPENDIX C, POTENTIAL RESPONDENTS TO SURVEY (Continued)

- | | |
|--|--|
| 17. COL Robert J. Summary, MSC
Executive Officer
Kimbrough Army Hospital
Fort Meade, MD 20755 | 21. LTC James G. Vermillion, MSC
Executive Officer
US Kenner Army Community Hospital
Fort Lee, VA 23801 |
| 18. COL James H. Hayes, MSC
Executive Officer
Darnall Army Hospital
Fort Hood, TX 76544 | 22. COL Richard C. Harder, MSC
Executive Officer
US Army Community Hospital
Fort Campbell, KY 42223 |
| 19. COL Norbert O. Picha, MSC
Executive Officer
US Army Hospital
Fort Carson, CO 80913 | 23. LTC A. Gordon Hennessy, MSC
Executive Officer
USA MEDDAC
West Point, NY 10996 |
| 20. COL Kenneth R. Wilson, MSC
Executive Officer
DeWitt Army Hospital
Fort Belvoir, VA 22060 | 24. COL James G. Turner, MSC
Executive Officer
Silas B. Hays Army Hospital
Fort Ord, CA 93941 |
| | 25. COL Sam T. Seeley, MSC
Executive Officer
Fitzsimons Army Medical Center
Aurora, CO 80045 |

APPENDIX D

APPENDIX D

AFZN-DM-A

12 Dec 1980

SUBJECT: Health Care Residency Problem Solving Project

Executive Officer
US Army Hospital

1. The Health Care Administration Resident assigned to Irwin Army Community Hospital is conducting an analysis of the American Red Cross Volunteer Program. This analysis will form the structure for completion of the resident's required problem solving project, which must be completed and submitted, by 24 April 1981, to the Residency Committee of the U.S. Army-Baylor University Graduate Program in Health Care Administration.
2. The primary objective of the project is to improve the efficiency and effectiveness of volunteer services at Irwin Army Community Hospital. In keeping with this objective, the resident will conduct a review of current policies, practices, perceptions, and methodology in both the civilian and military sectors with the intent of identifying and examining factors which could be usefully applied at this facility. As a portion of this effort, a questionnaire survey has been prepared to ascertain volunteer program profiles in the military sector. A copy of this survey is attached.
3. Your prompt assistance in completing and returning the document would be greatly appreciated and will provide a significant contribution to the completion of the project and the conduct of the Health Care Residency Program at our hospital.

1 Incl
as

DAVID D. DRYDEN
COL, MSC
Executive Officer

APPENDIX E

APPENDIX E

SURVEY

PART II

INSTRUCTIONS: Check the response for each question or statement which best describes your personal opinion.

1. The American Red Cross is the appropriate organization to manage the Volunteer Program in U.S. Military Treatment Facilities.

Response = 2.95 mean score

2. The Volunteer Program at this hospital would be improved if it were a Department of the Army organizational function or activity.

Response = 2 mean score

3. The Volunteer Program at this hospital is adequate in terms of providing required health care services to the consuming public.

Response = 3.31 mean score

4. In general, Volunteer Programs in the military hospitals have declined due to a number of factors (check more than one if appropriate).

Response = Discussed in analysis

5. Volunteers provide substantial contributions to the health care rendered by the U.S. Army Medical Department.

Response = 4.90 mean score

6. Volunteer Programs in the military health care setting have been expanding and broadening in scope.

Response = 2.95 mean score

7. An awards or recognition program for volunteer members is an important consideration in the composition of a viable hospital Volunteer Program.

Response = 4.86 mean score

APPENDIX E, SURVEY, PART II (Continued)

8. Greater efforts should be expended in the recruitment of male volunteer members.

Response = 4.13 mean score

9. The Commander and/or Executive Officer assume an active role in attracting volunteer members by appearing before local civic and social organizations.

Response = 3.22 mean score

10. Volunteer members are assigned to positions in the hospital commensurate with their education, experience, and knowledge.

Response = 3.90 mean score

11. Recruiting before job design does not lend itself to the integration of the Volunteer Program into the functional organization.

Response = 3.22 mean score

12. The key to a successful Volunteer Program is finding the right person for the right position.

Response = 4.04 mean score

13. Volunteer members are provided a complete orientation and tour of the hospital during their initial two weeks of duty.

Response = 4.59 mean score

14. Most volunteer members are motivated toward volunteering out of a desire to help others.

Response = 4.31 mean score

15. Each volunteer applicant should undergo a formal interview before being accepted into the hospital Volunteer Program.

Response = 4.40 mean score

16. Volunteer members should be accorded treatment commensurate to that of full-time hospital employees.

Response = 4.5 mean score

APPENDIX E, SURVEY, PART II (Continued)

17. Volunteer members provide ideal members for Health Consumer Councils because they are normally well-informed regarding health related issues.

Response = 3.27 mean score

18. There is a growing awareness of the value of the resources involved in managing hospital Volunteer Programs.

Response = 3.68 mean score

19. A Volunteer Program is substantially strengthened when it has a core composition of long-time serving volunteer members.

Response = 4.40 mean score

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